## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2004 08:00 AM Secretary of State

| DOCUMENT # P9400009443  1. Entity Name "WILDON BUILDERS AND CONTRACTORS INCORPORATED"                                     |  |   |   |  | Seci                   | ctai y            | of State                |
|---|--|---|---|--|------------------------|-------------------|-------------------------|
|   | UAYSIDE TERR 1   | alling Address<br>568 N.E. QUAYSIDE TERR<br>MAMI, FL 33138 US |   | **************************************   |                        |                   |                         |
| DO NOT WRITE IN THIS SPACE  |  |   |   | 01092004 No Chg⋅P CR2E034 (10/03)  4. FEI Number Applied For S9-3223122 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required |                        |                   |                         |
| KAFKA, DONALD L 1568 N.E. QUAYSIDE TERRACE MIAMI, FL 33138  |  |   | DO NOT WRITE<br>IN THIS SPACE                     |  |                        |                   |                         |
|   | named entity submits this statement for the pions of registered agent  Signature, typed or printed name of registered agent and title  |   | ed office or register  d Agent signature required |  | , in the State of Flor | lda. I am fan     | nifiar with, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution. |  |   |   | .00 May Be<br>ed to Fees   |                        |                   |                         |
| 10.  IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AND DIRECT<br>D<br>KAFKA, DONALD L<br>1568 N.E. QUAYSIDE TERRACE<br>MIAMI, FL 33138<br>D<br>KAFKA, WILMA M  | CTORS .   |   |  | U00000<br>01/13/04-    | 002782<br>80028-0 | 002 150.00              |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 1568 N.E. QUAYSIDE TERRACE.<br>MIAMI, FL 33138   |   |   |  | NOT W                  |                   |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |  |   |   | IN T   | 'HIS SP                | ACE               |                         |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP 12.   hereby c  | erity that the information supplied with this-fi   | ing does not qualify for the exer                             | mption stated in Se                               | ction 119.07(3)(i)   | Florida Statutes, I    | further certify   | that the information    |
| of the corp<br>changed,   | ertify that the information supplied with this fi<br>on this report or supplemental report is tiple a<br>poration or the receive yor frustee empowers<br>or on an attachment with an address, with all | to execute this report as required the like empowered.        | red by Chapter 607                                | , Florida Statutes;  | and that my name       | appears in B      | lock 10 or Block 11 if  |

MOUGHAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_